

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050976

FILED
Jun 29, 2005
Secretary of State

Entity Name: SPECIALTY PROPERTIES, LLC

Current Principal Place of Business:

1919 TRADE CENTER WAY
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1919 TRADE CENTER WAY
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-1402284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HASTINGS, CHERYL L
GRANT FRIDKIN PEARSON ATHAN & CROWN, P.A.
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

BYRD, CLIFFORD E
1919 TRADE CENTER WAY
NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CLIFFORD E BYRD

06/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BYRD, CLIFF
Address: 1919 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: MERZ, DONALD E
Address: 1919 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLIFFORD E BYRD

MGRM

06/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date